



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E368557**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-02674
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION						
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #		
DATE OF COLLISION	10 - 26 - 2014	1322	31	N S E W	IN OF	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	3300
STATE ROUTE 9	MILE POST	

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	HARJU	FIRST NAME	CASSONDRA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	1228 N CARPENTER RD
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CITY	SNOHOMISH	ST	WA	ZIP	982909561
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	HARJUCR031BE	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	01	05	1997
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ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AOA8117	STATE	WA	VIN#	JN8AR05Y0WW271756
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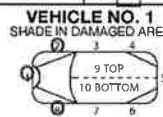
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1998	MAKE	NISS	MODEL	PATH	STYLE	UT	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO: WILLIAM HARJU 1228 N CARPENTER RD SNOHOMISH WA 98290

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PEMCO CA 0088252
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
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LAST NAME	GONZALEZ	FIRST NAME	SAUL	MIDDLE INITIAL	R
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STREET NEW ADDRESS	19723 50TH AVE W APT A11
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CITY	LYNNWOOD	ST	WA	ZIP	980366452
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CDL	A	RESTRICTIONS	K	ENDORSEMENTS
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DRIVER'S LICENSE #	GONZASR309B9	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	01	29	1970
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ON DUTY <input type="checkbox"/>	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES
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SORE NECK AND SHOULDER

LICENSE PLATE #	B28082W	STATE	WA	VIN#	5TFUM5F14CX037762
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2012	MAKE	TOYT	MODEL	TUNPU	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO: SAUL GONZALEZ 2608 JACKSON AVE EVERETT WA 98203

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE FARM 154 9299-FO3-47B
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E368557**

CASE # **14-02674**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

UNIT #2 was stopped in traffic north bound on SR 9, just south of SR 92 waiting for the light to change to green. UNIT #1 was behind UNIT #2 and began to slow down.

As UNIT #1 drew closer the light changed to green and UNIT #1 left off the brake. UNIT #2 however had not yet begun to pull away and was struck by UNIT #1 from behind. from.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

10-27-14 08:29 AM

DATED

PLACE SIGNED

APPROVED BY

BOB SUMMERS 079

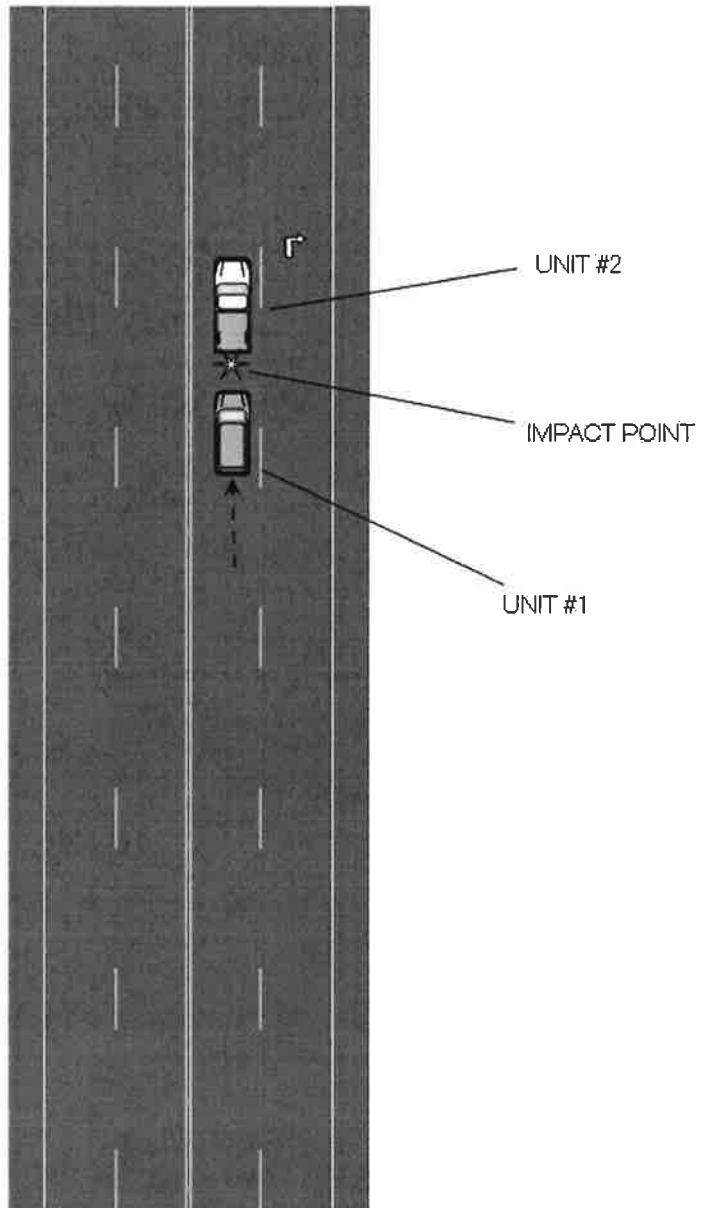
DATE

10/27/2014 10:43:34 PM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	1:23 PM	TIME POLICE ARRIVED	1:26 PM
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↑
TO SR 92



State Route 9

** not to scale **

55 MPH

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02674


VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Flavio, Passi R	RACE	ETH	SEX	DOB 1-5-97	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 1228 N. Carpenter Rd.		CITY Snohomish		STATE WA		ZIP 98290		RES. STATUS		
HOME PHONE		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was a little back to see the Red light, the light turned Green and I let my foot off the brake, I realized the guy had ~~not~~ not moved so I pressed the brakes and slid into the guys pickup.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10/26/14	LOCATION SIGNED LAKE STEVENS, WA
OFFICER/NUMBER: #105	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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ORIGINAL

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

14-02674

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Saul Gonzalez Romero	RACE	ETH	SEX	DOB 1-29-70	AGE	HGT	WGT	HAIR	EYES
STREET ADDRESS 2608 Jackson AVE		CITY Everett			STATE WA	ZIP 98203	RES. STATUS			
HOME PHONE 425-268-3339		CELL PHONE 425-268-3339			PLACE OF EMPLOYMENT Woodenville WA					
WORK PHONE 425-482-5471		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

So and Green Light slow. Hwy - 9 - North.
and. Hwy 92 - East -

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Saul Gonzalez	DATE SIGNED 10/26/14	LOCATION SIGNED LAKE STEVENS, WA
OFFICER NUMBER: #105	DATE SIGNED 10/26/14	LOCATION SIGNED LAKE STEVENS, WA

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14-02674



Loop
ORIGINAL
1/6

44-02674



[Handwritten signature]
LSPD
ORIGINAL
2/6
107

92-02676



9/10/15 3/16
ORIGINAL

74 02674



SPD 4/6

44 02674



jos 5/10

74 02674



[Handwritten signature] 6/6
LEPD ORIGINAL

Incident History for: #SS14021286 Xref: #AG14003053

Case Numbers: \$SS14002674

Entered 10/26/14 13:23:20 BY SPDF24 SP0153

Dispatched 10/26/14 13:23:36 BY SPDF17 SP0377

Enroute 10/26/14 13:23:36

Onscene 10/26/14 13:26:08

Closed 10/26/14 13:53:46

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1718 Map Page: 377E-4 Group: SS1 Beat: NORT

Src: T

Loc: SR 9 NE/SR 92 , LKS (V)

Loc Info:

Name: GONZALES, SAUL

Addr:

Phone: 4252683339

/1323 (SP0153) ENTRY , 2 VEHS, BLKG, SILV P/U VS SMALL SUV

/1323 (SP0377) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)

/1323 (SP0153) CROSS #AG14003053

/1324 (SP0377) ASSTER 19D1 [SR 9 NE/SR 92 , LKS]
#SS105 IRWIN, OFFICER (DENNIS)

/1326 ONSCNE 19D1

/1327 MISC 19D1 , MOVING VEH'S ONTO SR 92

/1329 (SS127) *ONSCNE 19D2

/1331 (SP0377) CLEAR 19D2

/1336 ASNCAS 19D1 \$SS14002674

/1353 (SP0331) \$PREMPT 19D1

/1353 CLOSE 19D1

ORIGINAL